



CSS Application for an associate pension*

By the former spouse of a CSS pensioner

You should complete this form if your former spouse is receiving a pension from the CSS and you have been granted a portion of that pension under a Family Law payment split.

This form should be forwarded to:

CSS
PO Box 22
Belconnen ACT 2616

This form **should not** be used if you have your own account with the CSS as a result of a Family Law split which occurred while your former spouse was still a contributing member of the CSS. The appropriate form to use in these circumstances is the '*Age Retirement for Associate Members' form*.

*Under the scheme you are called an **Associate** and your pension is called an **Associate Pension**.

Pension information

When is the pension paid?

The pension becomes payable on the first available payday after the later of the operative time or our receipt of the Family Law Court Order or Superannuation Agreement. The pension is calculated on the basis of a 14 day fortnight.

Who pays the pension?

Payment is made by us on behalf of ARIA.

How is the pension paid?

The pension is paid by direct credit to an approved financial institution (bank, building society, credit union) of your choice. If at any time, after the pension has commenced, you wish to change the institution to which pension is being credited, please call us on 1300 001 777.

Tax File Number requirements

In accordance with the *Taxation Laws Amendment (Tax File Numbers) Act 1988*, we are required to deduct PAYG tax at the highest marginal tax rate plus the Medicare levy from pensions if a person does not provide a Tax File Number (TFN). If you have not been issued a TFN you should lodge an *Australian Taxation Office Application/Enquiry* form with the Taxation Office. Forms are available at all Taxation Offices. You must provide proof of identity at the time you lodge the form.

Tax File Number Declaration form

The information you provide on this form will determine how much tax is deducted from your pension. Please note, you can only claim the tax free threshold against one source of income.

Medicare Levy Variation Declaration

If you are claiming a Medicare Levy exemption against a pension entitlement, you should include a Medicare Levy Variation Declaration form, available from your local Taxation Office, with this application.

Other deductions

Facilities are not available for deductions other than income tax to be made from your pension.

Pension increases

Your associate standard pension will be subject to biannual adjustment in line with upward movements in the Consumer Price Index (March to September and September to March periods). The increase is payable on the first pension payday in January and July each year. Any associate additional pension is not indexed.

When does the pension cease?

Your pension is payable until your death. No reversionary benefits are payable.

How to complete this application

Most questions are self-explanatory. However additional information regarding important or optional questions is provided below.

About yourself

This segment provides necessary personal details to enable benefits to be paid to you. It is important that you keep us informed of any changes of address or name.

Payment details

This segment lets you tell us where to pay your pension.

The account must be held in your name only or if it is a joint account, you must be one of the account holders.

Identification requirements

To guard against fraud, money laundering, terrorism financing and to protect your benefit, we require you to provide us with enough identification to verify your identity before your benefit request can be processed.

You are required to provide certified copies of four identifying documents, faxed copies are unacceptable. The person certifying the documents must attest that the documents are true copies, and that you are the valid holder of the identification.

Copies of your documents will be scanned and stored on our secure document management system. These electronic copies will be used only to confirm your identity. The original copies will be securely destroyed. Please do not supply original documents.

To further safeguard your privacy, any personal financial information should be blacked out on the copy that you send to us.

Privacy

We are collecting the information on this form to determine your entitlement to benefits under the legislation governing the CSS. Where applicable, identifying information will be passed to the rollover institutions you nominate.

Information about your CSS entitlements is passed to the ATO, Centrelink and the Department of Veterans' Affairs.

We are committed to protecting your privacy and your personal information is not disclosed to another party without your consent, or unless required by Law.

ARIA will from time to time send you news and information about new products or services you might be interested in, or invite you to participate in member research. If you would prefer not to receive information about new products and services or participate in member research, simply tick the appropriate box in the Personal Details section of this form (Section A) or call us on 1300 001 777.

Need more information?

Telephone: 1300 001 777

Fax: (02) 6272 9614

Email: pensions@css.gov.au

Write to: CSS
PO Box 22
Belconnen ACT 2616

When contacting us, please remember to quote your reference number.

This page is intentionally left blank



Australian
Reward
Investment
Alliance

CSS Application for an associate pension

By the former spouse of a CSS pensioner

Hints for using this form

- > Read the *Explanatory Notes* and each section of the form carefully before filling it in
- > Use CAPITAL LETTERS and a Black pen, and tick the boxes for your answers as appropriate
- > Ensure this application is signed.

PART A - About yourself

Reference (AGS) number	<input type="checkbox"/> S <input type="checkbox"/> X
Title (please tick one)	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
YOUR NAME Surname	<input type="text"/>
Given name/s	<input type="text"/>
YOUR CONTACT DETAILS Your postal address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	STATE <input type="text"/> POSTCODE <input type="text"/>
Residential address (if different)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	STATE <input type="text"/> POSTCODE <input type="text"/>
Your date of birth	DAY <input type="text"/> / MONTH <input type="text"/> / YEAR <input type="text"/>
Contact phone number	<input type="text"/> <input type="text"/>
Email address	<input type="text"/>
	<input type="text"/>

SECTION D – Identification requirements

To protect against fraud, money laundering, terrorism financing and safeguard your benefit, we need you to provide documentation to prove your identity. Please be aware that under some circumstances we may request further information from you.

To do this, you will need to provide certified copies of **one** document from column A in the table below **AND three** documents from column B.

For example, you could provide a copy of your birth certificate (from Column A) and copies of your Medicare card, a phone bill and an electricity bill (from Column B).

Faxed copies of documents are not acceptable.

A	B
Passport (current or expired by less than 2 years)	Medicare card
Birth Certificate	A current statement from a financial institution with the same address and name as on the application
Birth Card issued by a State Registry of Births, Deaths and Marriages	Copy of an electricity bill with the same address and name as on the application
Australian Citizenship certificate	Copy of a telephone bill with the same address and name as on the application
Current drivers licence	Copy of a gas bill with same address and name as on the application
Current identification card issued to a public sector employee	Copy of a rates bill with same address and name as on the application
An identification card issued to a student at a tertiary education institution	Valid credit card
Pension or other social security benefit card	A document from Column A not yet provided

If you are providing copies of bills or statements, you should black out any personal financial information or details of transactions in order to protect your privacy. Copies of identification will be stored electronically in a secure environment. The paper copies will be securely destroyed. All copies will only be used for the purpose of confirming your identity.

All copies of documents provided to ComSuper must be certified as true and correct copies of the original by one of the following:

- > a legal practitioner enrolled on the roll of a supreme court or the high court of Australia
- > a judge or magistrate of a court
- > a chief executive officer of a Commonwealth court
- > a registrar or deputy registrar of a court
- > a Justice of the Peace (JP)
- > a notary public
- > a police officer
- > an agent or permanent employee of the Australian Postal Corporation in an office supplying postal services to the public
- > an Australian consular officer or an Australian diplomatic officer

The certifying authority also must confirm in writing that you are the valid holder of the ID that you are presenting and that any copies are true copies of the original.

The certification must include the name, address, occupation, telephone number and registration number (if applicable) of the certifying authority.

